## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

A-65029/SFC/WEN

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE  OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			2/				Γ	RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMB	ER EXTRA	В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			) / minus 20=		• /			X\$ 9=		OR	X\$18=	18	
	EPENDENT CL		3 minus 3 =		4			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	REŚENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in o						olumn 2	<u> </u>	TOTAL		OR	TOTAL	7,28	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY O			OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	L	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	F CLAIM	= -		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)		•					
AMENDMENT B	04464 8444	CLAIMS REMAINING AFTER AMENDMENT	***	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENI	CLAIM			+135=		OR	+270=		
				-			<b>L</b>	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	mn 2)	(Column 3)		DIT. 1 LL •			ADDIT: I EE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T CL AIM	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\	+135=		OR	+270=		
**	<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul>										TOTAL ADDIT. FEE		
		mber Previously P ber Previously Pa						DIT. FEE <b>L</b> I in the app	ropriate box				